

2/22/13

RE: Appropriations Committee, Human Services Budgets, Public Hearing Testimony

My name is Steven Varney. I am here to support the Governor's budget recommendations that increase substance abuse services. I am a director of CTYF, Connecticut Turning to Youth and Families. My fellow board member Greg Williams is speaking today, also, and I am leaving many of the factual details to him. My remarks will be more generic.

I am the father of three beautiful children. I practiced law in the Hartford area for almost 25 years. I have been clean and sober since 2006. I owe my sobriety, and my life itself, to an intervention, in-patient and out-patient treatment, and an active, and on-going, support network.

Since 2010, I have been involved in addiction treatment work, and I recently began speaking publicly about my own personal journey in and out of the grip of active addiction in the hope it might help others.

I was advised that there are three (3) things that "sell" here at the Capitol—saving money, reducing crime and improving healthcare. Connecticut can accomplish all three of these **immediately** if it chooses to fall in line with the science of treating addiction. The insurance industry alone stands to save billions of dollars by becoming more proactive about addiction. An ounce of prevention, or treatment, is indeed worth a pound of cure. The costs of incarcerating addicts and treating the long-term effects of alcoholism and addiction are astronomically higher than focusing on early intervention and treatment.

The future of addiction treatment generally is not difficult to predict. Public policy almost invariably lags behind science, but inevitably it must and will catch up. Just as polio, tuberculosis, and other segregated diseases were gradually brought into the mainstream of medical and social acceptance, the treatment of addiction is in the early stages of a revolution as we speak. Among other things, we will soon see a far broader application of medication-based treatments, remote telemonitoring of blood alcohol and drug levels, enhanced therapies and relapse prevention, and a full integration of the subject of addiction into the mainstream of medical school education.

I will conclude by busting one myth here today--I have heard countless people say, when referring to active alcoholics or addicts, "If they really wanted help, they would get it." I am here to tell you--help can not only be elusive, but impossible to obtain in our present delivery system. From my own experience, I am never surprised when people tell me that they or a loved one missed a window of opportunity to get help because of financial, medical, and insurance challenges. It is heart-breaking to me when I hear of someone who genuinely wanted help but could not find it. We should be rolling out red carpets for these folks, both from a human and financial perspective. When it is easier or somehow more expedient to clean up the costly mess left in the wake of active addiction rather than lay the economically-sound ground work for accessible medical and insurance assistance, our system is broken.

Thank you for the opportunity to speak to you today.

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